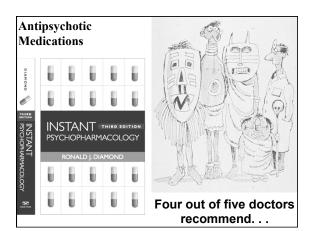
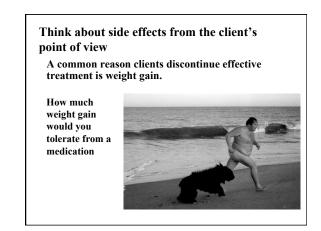
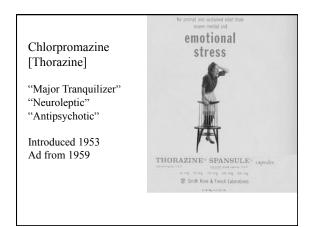
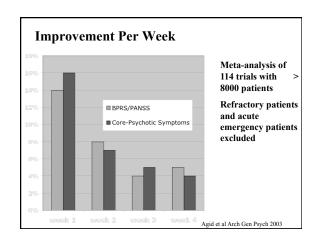
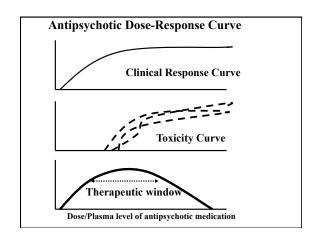
diamond@wisc.edu

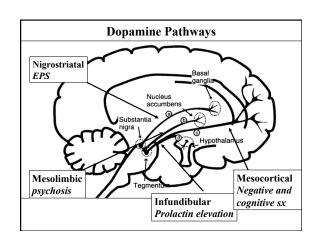


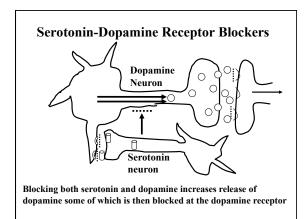




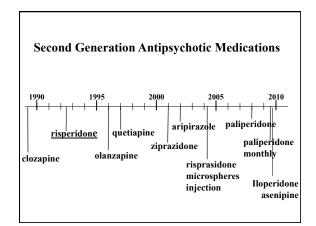


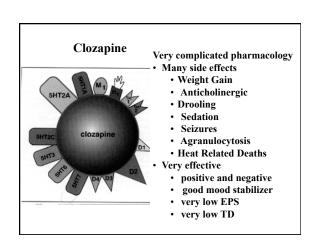






Receptor binding affinities of atypical antipsychotics K_i (nM) Risperidon D₂ 5-HT_{2A} 0.39 0.29 220 8.9 5-HT₂₀ 0.72 10 10 1400 17 5-HT_{1A} 140 2.5 210 2100 230 5-HT_{ID} >5100 1700 530 α₁-adrenergic 5100 100 1.8 1.8 $K_i < 1 \text{ nM}$ — very high affinity; $K_i = 1 \cdot 10 \text{ nM}$ — high; $K_i = 101 \cdot 1000 \text{ nM}$ — low; $K_i > 1000 \text{ nM}$ — negligible. = 11-100 nM Bovine binding affinity; †rat synaptosomes; all other affinities human Zorn SH et al. Interactive Monoaminergic Brain Disorders. 1999;377-393. Schmidt AW et al. Eur J Pharmacol. 2001;425:197-201.

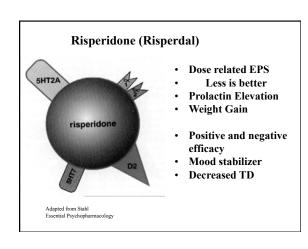




Clozapine Drug-Drug Interactions

Many important drug-drug interactions:

- · Increase clozapine levels
 - Fluvoxamine (Luvox)
 - Fluoxetine (Prozac) or paroxetine (Paxil)
 - Risperidone
 - Grapefruit juice in large quantities
- · Decrease clozapine levels
 - smoking



Risperidone drug-drug interactions

- · Risperidone is metabolized by 2D6
- Drugs that inhibit 2D6, including fluoxetine (Prozac) and paroxetine (Paxil) can substantially increase risperidone levels

Paliperidone (Invega)

- · Major metabolite of risperidone
- More gradual release then risperidone [but risperidone converted into paliperidone]
- Fewer drug-drug interactions (metabolized primarily in kidneys, little P450 interaction)
- More QTc prolongation [not significant]
- · Similar prolactin elevation to risperidone
- · ? Similar weight gain

Paliperidone Vs Risperidone		
	Risperidone	Paliperidone
$T_{\rm max}$	R: 1 hr 9-OH-R: 3 hrs	24 hrs
Peak to Trough Ratio (%)	38	125
T 1/2	3 hrs	23 hrs
Steady State	R: 1 day 9-OH-R: 5 days	4-5 days
CYP450 enzyme	2D6 - extensive	4 enzymes <10 % each
	Docherty JP 20	07 U.S. Psychiatric Congress

Olanzapine (Zyprexa) Some dose related EPS Slight prolactin Elevation Big Weight Gain Diabetes (?) Somewhat sedating Positive and negative efficacy Mood stabilizer Decreased TD

Olanzapine drug-drug interactions

Decrease olanzapine levels

- Smoking
- · Carbamazepine (Tegretol)

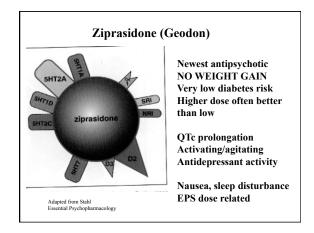
Increase olanzapine levels

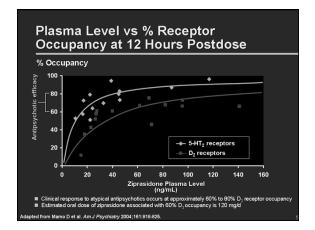
- Fluvoxamine (Luvox), fluoxetine (Prozac)
- Erythromycin
- Grapefruit juice (in large quantity)

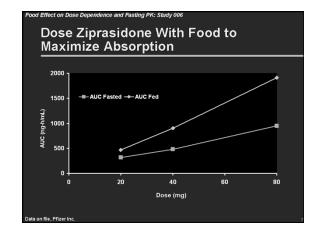
Ouetiapine (Seroquel) More is Better 400 mg up to 1200 mg Very low EPS Very low TD risk Some weight gain Sedating Needs dose titration to decrease dizziness Low dose may be useful in people with borderline disorder

Quetiapine and bipolar depression

- 2 trials support efficacy in bipolar depression [Boulder I and Boudler II]
- Norquetiapine (metabolite of quetiapine) potent inhibitor of norepinephrine transporter
- Blocks alpha-2 autoreceptors (as does mirtazapine
- Stimulates 5-HT1A receptors



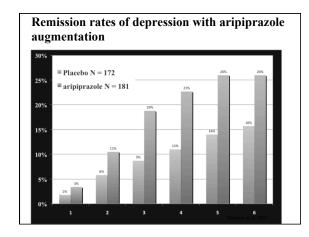




Aripiprazole (Abilify)

- Dopamine agonist/antagonist
- Appears to cause relatively little weight gain, little EPS, little sedation and little effect on heart function

Intrinsic Activity: Ability to Stimulate Receptors D₂ receptor Full receptor activity Antagonist (dopamine) No receptor activity Partial agonist (aripiprazol Tamminga. J Neural Transm. 2002;109:411.

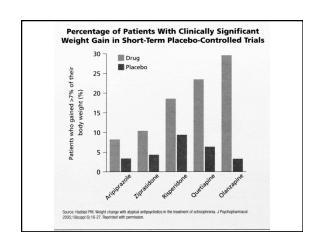


Iloperidone [Fanapt]

- · Long complicated develop history
- · Some weight gain, less EPS
- More similar to other second generation meds than different
- · May have QTc prolongation
- · Active comparator was ziprasidone

Asenapine

- · Sublingual tablet
- 5HT 2D2 antagonist



1st Generation Antipsychotic Medications

Examples

- fluphenazine (Prolixin)
- haloperidol (Haldol)
- Both available as long acting injection
- Traditional D₂ blocker may (??) work better in rare patients
- Much less expensive
- "Semi-traditional medications"
 - Loxapine (Loxitane)

Antipsychotic Medications

Traditional Indications

- Schizophrenia
- · Mania/ mood stabilization
- · Agitated or psychotic depression
- Psychosis associated with dementia [black box warning]
- · Drug induced psychosis

Other possible indications

- · Agitation
- Severe OCD
- · Anxiety with cognitive disorganization

Antipsychotic Side Effects EPS (Extrapyramidal [muscle] side effects)

- Dytonias (muscle cramps)
- Tremor--coarse Parkinsonian type tremor
- · Akinisia--decreased movement/spontaneity
- · Akathisia--motor restlessness
- Tardive Dyskinesia: MAY BE PERMANENT

Antipsychotic Side Effects common--not life threatening

- · Psychotoxic side effects
 - Depression, sedation, confusion, dysphoria
- Anticholinergic
 - Dry mouth, constipation, blurred vision, memory impairment, confusion
- · Alpha-adrenergic
 - dizzyness
- · Increase Prolactin
 - Breast engorgement, sexual side effects

Antipsychotic Side Effects Rare but dangerous

- · Blood dyscrasias: agranulocytosis
- NMS: neuroleptic malignant syndrome
- · Temperature regulation: fatal heat stroke
- · Cardiovascular effects: sudden death
- · Seizures

NMS: Neuroleptic Malignant Syndrome

Usually within 30 days of new medication or dose

- Hyperthermia (fever)
- · Muscle rigidity
- Tremor, myoclonus (muscle jerks)
- · Confusion, stupor
- · Increased heart rate, labile blood pressure
- · Rapid breathing, shortness of breath
- · Sweating, sialorrhea, incontinence
- · Elevated CPK, leukocytosis, metabolic acidosis

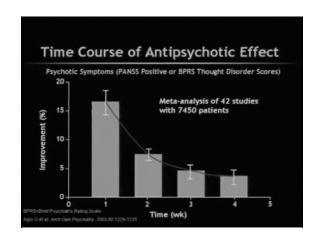
Long-acting injectable antipsychotics

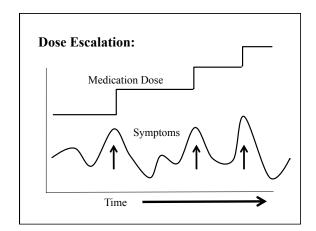
1st Generation

- Fluephenazine deconoate [Prolixin Deconoate]
- · Haloperidol deconoate [Haldol Deconoate]

2nd generation

- Risperidone [Risperdal Consta]
- Paliperidone palmitate [monthly]
- Olanzapine pamoate [monthly]





Second Generation Antipsychotics: are they worth the cost?

- CATIE
- CUTLESS
- Long-term VA study